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SERIAL NUMBER 10/519,123	FILING OR 371(c) DATE 08/15/2005 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 072691-012
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR03/01889 06/19/2003

*lh* VERIFIED

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 02/07738 06/21/2002

*lh* VERIFIED

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>lh</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
FRANCE	2	19	1

## ADDRESS

33401

## TITLE

Partly implanted hearing aid

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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